

Fees pursuant to Consolidated Appropriations Act, 2005 (H.R. 4818) FEE TRANSMITTAL For FY 2006		<i>Complete if Known</i>					
		Application Number	09/658,638				
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	September 11, 2000				
TOTAL AMOUNT OF PAYMENT \$730.00		First Named Inventor	Schneider, John K.				
		Examiner Name	Dang, Duy M.				
		Art Unit	2624				
		Attorney Docket No.	013325.00036				
METHOD OF PAYMENT (check all that apply)							
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____							
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 08-2442		Deposit Account Name: Hodgson Russ LLP					
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
<input checked="" type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee					
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s)		<input checked="" type="checkbox"/> Credit any overpayments					
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
		FILING FEES		SEARCH FEES		EXAMINATION FEES	
		<u>Small Entity</u>		<u>Small Entity</u>		<u>Small Entity</u>	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____
2. EXCESS CLAIM FEES							
<u>Fee Description</u>						<u>Small Entity</u>	
Each claim over 20 (including Reissues)						<u>Fee (\$)</u>	<u>Fee (\$)</u>
						50	25
Each independent claim over 3 (including Reissues)						200	100
Multiple dependent claims						360	180
<u>Total Claims</u>		<u>Extra Claims</u>		<u>Fee (\$)</u>		<u>Multiple Dependent Claims</u>	
-20 or HP =		x _____		= _____		<u>Fee(\$)</u>	<u>Fee Paid (\$)</u>
HP = highest number of total claims paid for, if greater than 20							
<u>Indep. Claims</u>		<u>Extra Claims</u>		<u>Fee (\$)</u>		<u>Fee Paid (\$)</u>	
-3 or HP =		0 x _____		= _____		_____	
HP = highest number of independent claims paid for, if greater than 3							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<u>Total Sheets</u>		<u>Extra Sheets</u>		<u>Number of each additional 50 or fraction thereof</u>		<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 = 0 / 50 =				(round up to a whole number)		x _____	= _____
4. OTHER FEE(S)							
Non-English Specification,		\$130 fee (no small entity discount)				<u>Fees Paid (\$)</u>	
Other (e.g., late filing surcharge):		Issue fee (\$700); advance copies (\$30)				\$730.00	

SUBMITTED BY

Signature	R. Kent Roberts	Registration No. (Attorney/Agent) 40,786	Telephone 716-856-4000
Name (Print/Type)	R. Kent Roberts	Date February 2, 2007	

I hereby certify that this correspondence is being electronically transmitted to the U.S. Patent and Trademark Office on the date shown below.

R. Kent Roberts
Name

Date: February 2, 2007

Signature